(a) whether it is a fact that at present pace it is difficult to achieve Millennium Development Goals with regard to maternal mortality, infant mortality and child mortality in the country; and

(b) if so, what efforts his Ministry is making to achieve the Millennium Development Goals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) The Millennium Development Goals (MDGs) mandate reduction by three-quarters in the Maternal Mortality Ratio between 1990-2015 and under 5 Mortality Rate by 2/3 between 1990-2015 and Infact Mortality Rate to 27 per 1000 live births by 2015.

The NRHM goals mandate reduction of Maternal Mortality Ratio to 100 per 1,00,000 live births and the Infact Mortality Rate to 30 per 1,000 live births by 2012. These are in line with Millennium Development Goals.

The National Rural Health Mission (NRHM) (2005-2012), and under its umbrella, the Reproductive and Child Health Programme Phase-II, launched by the Government of India in the year 2005, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care, with a special focus on 18 States which have weak public health indicators and weak infrastructure. Under the Mission, the following key strategies and interventions are being implemented to accelerate the pace of reduction in maternal mortality namely Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres for 24x7 services; Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; Provision of Ante-natal and Post Natal Care services; prevention and treatment of anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation; Organizing Village Health and Nutrition Day at Anganwadi Centres; Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women; Strengthening of Health Facilities, that is, District Hospital, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery.

Rise in cervical cancer death cases in India

2102. SHRI RAJEEV CHANDRASEKHAR:
SHRI B. J. PANDA:
MS. MABEL REBELLO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it s a fact that there is an upward rise in cervical cancer in India and vaccine for this ailment is yet to be developed;

(b) if so, the details thereof;

(c) whether it is also a fact that this disease very much prevails among women folk and 8 out of 10 diseased women die every hour in India and as per WHO estimates, 74,000 women die annually in India from this disease; and

(d) if so, what is the action plan of Government to address this concern?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (d) Based on the mortality data collected by Population Based Cancer Registry functioning under the Indian Council of Medical Research there is no evidence of rise in cervical cancer deaths in India. The data shows the number of women dying every year due to cervical cancer are estimated to be around 23,930.

Human Papilorna Virus (HPV) infection is a risk factor in development of cervical cancer. Vaccines against HPV have been developed and are available in various countries including India.

The Central Government has evolved a comprehensive Cancer Control Strategy *i.e.* National Cancer Control Programme (NCCP) where special emphasis has been laid on awareness, prevention, early detection and treatment. The Central Govt. is also supplementing the efforts of the State Governments by providing financial assistance for setting up of Radiotherapy Units in Govt. Medical Colleges/Hospitals for providing treatment facilities.

Sarva Swasthya Abhiyan

2103. SHRI B.J. PANDA:

MS. MABEL REBELLO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has proposed an amount of Rs.11,980 crores for the implementation of Sarva Swasthya Abhiyan for 2008-09;

(b) if so, the details thereof;

(c) whether it is proposed to cover all the cities with a population of more than 1 crore with focus on slums and other urban poor and provide an integrated health service to the poor strata of the society under the above project; and

(d) if so, the details thereof, *inter-alia* indicating the cities that are proposed to be covered under this mission in Orissa and Jharkhand States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) An amount of Rs.11,930 crore has been allocated for National Rural Health Mission (NRHM) for FY 2008-09. The allocation for Eleventh Five Year Plan under NRHM is Rs. 89,478 crore and for NUHM is Rs. 4,495 crore. During the Eleventh Five Year Plan NUHM envisages coverage of all cities with population of more than 1,00,000. The National Urban Health Mission or Rashtriya Shahri Swasthya Mission is presently under finalization.